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Bib Data Sheet

CONFIRMATION NO. 6312

<b>SERIAL NUMBER</b> 09/989,049	<b>FILING DATE</b> 11/20/2001 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> OP-1002-A
<b>APPLICANTS</b> Joseph Coligado, Melrose Park, IL; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/116,645 01/21/1999 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/05/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 18
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> Pauley Petersen Kinne & Erickson Suite 365 2800 West Higgins Road Hoffman Estates ,IL 60195				
<b>TITLE</b> Pelvic bracing system				
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	